

## REGISTRATION AS A PHARMACIST BY NAPLEX EXAMINATION

All applicants for registration by examination shall take the integrated NAPLEX examination provided by the National Association of Boards of Pharmacy. Applicants must complete the NAPLEX Registration Bulletin application to set for the NAPLEX. The NAPLEX Registration Bulletin application may be obtained from the National Association of Boards of Pharmacy (NABP) or the state board of pharmacy.

To take the NAPLEX candidates must meet the eligibility requirements of the Board of Pharmacy, State of South Dakota. The Board will determine your eligibility to take the NAPLEX in accordance with this state jurisdiction's requirements. If the Board determines you are eligible to take the NAPLEX, it will notify NABP of your eligibility.

All applications for registration by examination as a pharmacist in South Dakota shall be made on a registration form supplied by the secretary of the South Dakota Board of Pharmacy and shall present the following to the secretary with their applications:

1. A photo of themselves 2-1/4 by 3-1/4 inches, signed with their signature in ink on the back.
2. The certificate of registration fee of \$35.
3. A Certificate of Health signed by a licensed practicing physician, showing that the applicant is free from all communicable diseases at the time of application for registration.
4. A list of the applicant's practical experiences on the form provided by the Board. The Board requires 1,500 hours to be completed (of which 880 hours must be practical pharmacy experience) prior to licensure.
5. A certified transcript showing graduation from a college of pharmacy approved by the American Council on Pharmaceutical Education.
6. A birth certificate or affidavit showing that the applicant is at least 18 years of age.
7. Registration form and fee for the NAPLEX examination. Certified check, money order, or cashiers check is to be made out to NABP (National Association of Boards of Pharmacy).

The computer-adaptive NAPLEX will be administered daily, Monday through Saturday, excluding holidays, through the Sylvan Testing Network. It is necessary for all NAPLEX candidates to send proof of graduation, or the anticipated date of graduation, prior to taking the NAPLEX examination. The Board of Pharmacy will also require 1500 hours of approved internship prior to licensure. These hours can be completed after the NAPLEX examination is administered. NAPLEX scores are returned to the Board approximately 14 days after the test date.

**Score Transfer**--Applicants meeting all the requirements listed above and who will take the NAPLEX in another state of the United States that accepts reciprocity from South Dakota may transfer scores on an official NAPLEX Score Transfer Form furnished by the National Association of Boards of Pharmacy. NAPLEX Score Transfer forms are available in the registration bulletin. Licensure by score transfer must be completed within one year from the date of NAPLEX examination.

**Jurisprudence Exam**--All applicants for registration by examination shall also take an examination in the subject of Practical Jurisprudence (South Dakota Pharmacy Law). Complete sets of rules and laws to study for the Jurisprudence Examination may be purchased from the South Dakota Pharmacists Association by calling 605-224-2338.

All applicants for registration by examination must receive a grade of 75 or more in the NAPLEX examination and a grade of 75 or more in the Practical Jurisprudence examination.

# Application For Registration As A Pharmacist by NAPLEX Examination or NAPLEX Score Transfer

TO: SOUTH DAKOTA STATE BOARD OF PHARMACY  
4305 South Louise Avenue, Suite 104, Sioux Falls, SD 57106

Phone: 605-362-2737

Name:

Last

First

Middle

Maiden

Permanent Mailing Address:

City/State/Zip:

Phone # (Please include area code)

Temporary Mailing Address:

City/State/Zip:

Phone # (Please include area code)

Parents or Other Contacts Name and Address:

City/State/Zip:

Phone # (Please include area code)

Date of Birth:

Month: \_\_\_\_\_

Day: \_\_\_\_\_ Year: \_\_\_\_\_

I am now a licensed pharmacist in another state.

9 Yes

9 No - State and Certificate No: \_\_\_\_\_

*I have now gained, or will have gained prior to licensure as a pharmacist in South Dakota, 1,500 hours or more of practical experience as shown. (List experience below).*

Practical Experience Completed						
Intern Cert No:	State	Pharmacy and City	Show Exact Dates		Pharmacy Competency Hours	Total Hours Worked
			From	To		

*(Note: If practical experience was gained outside of South Dakota, then a letter or verifying certificate from the Board of Pharmacy of the State wherein experience was gained must be submitted).*

(Over)

## School Attendance:

High School Attended: \_\_\_\_\_

City: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

ACPE accredited college of pharmacy attended: \_\_\_\_\_

City: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

## The following must be furnished with application:

- Photo at least 2 ¼ by 3 ¼ inches in size with signature in ink and date of photo on the back.
- An affidavit showing that you are at least 18 years of age (copy of birth or baptismal certificate).
- A certificate of sound physical health signed by a licensed practicing physician.
- A certified transcript of credits for all college courses leading to the degree and showing that the degree has been conferred.
- \$35 fee for Initial Certification of Registration (all applicants). Check is to be made out to South Dakota Board of Pharmacy.
- Registration form and fee for the NAPLEX examination. Cashier's check/money order is to be made out to NABP.

*Please note on a score transfer everything must be done except send the registration form and fee for the NAPLEX exam.*

## Applicant's record of charges, convictions, and discipline:

Please answer the following questions. If you answer "yes" to any of the questions, please provide a complete description of dates and circumstances on a separate piece of paper. You must send supporting documents that are applicable.

1. Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations)? \_\_\_\_Yes \_\_\_\_No
2. Is there any pending criminal prosecution against you, which would constitute a felony? \_\_\_\_Yes \_\_\_\_No
3. Has your license or certification in any state or Canadian province been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action? \_\_\_\_Yes \_\_\_\_No
4. Are you presently being investigated or is disciplinary action pending against your license? \_\_\_\_Yes \_\_\_\_No
5. Within the last three years, have you been treated for abuse or misuse of any alcohol or chemical substance to the extent that your ability to practice as a pharmacy student has been impaired? \_\_\_\_Yes \_\_\_\_No
6. Within the past three years, have you experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care? \_\_\_\_Yes \_\_\_\_No
7. Have you accumulated child support arrearages in the sum of one thousand dollars or more? \_\_\_\_Yes \_\_\_\_No

## Affidavit: This section must be completed in the presence of a notary public.

I, the undersigned, being duly sworn, say that I am the person referred to in the foregoing application, and declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

NOTARY  
SEAL

Signature of Notary Public \_\_\_\_\_

Notary for the State of \_\_\_\_\_ My commission expires \_\_\_\_\_